

Article Number		COMPLETE THIS SECTION ON DELIVERY	
		A. Received by (Please Print Clearly)	B. Date of Delivery
		3/27/06	
		C. Signature	<i>T. Deek</i>
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		<small>Is delivery address different from item 17?</small> <small>YES, enter delivery address below:</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Article Addressed to: KELLI CROSS PA DOC CENTRAL OFFICE 2520 LISBON RD. CAMP HILL, PA. 1701-0598		PITTSBURGH, PA 100 MARKS 29 P 1:10	
Restricted Delivery? (Extra Fee) 100 MARKS 29 P			
Article Addressed to: KELLI CROSS PA DOC CENTRAL OFFICE 2520 LISBON RD. CAMP HILL, PA. 1701-0598			